

| RMA Request Form

Date: Contact Name: Company:

Address: City: State: Zip:

Phone: email:

Please complete the information below as thoroughly as possible. ***Email completed form to: RMADept@murrinc.com***

The production code (found by the bar code near Country of Origin; Example: 98310-2.08) is required for return requests of Cube modules and power supplies.

Please be sure to include details relating to the malfunction (i.e. no LED, no power, voltage drops or spikes, etc.) when reporting warranty/repair requests.

Customer PO #	Part Number	Quantity	Production Code (Cube / Power Supplies Only)	Reason for Return*	Details/Explanations
<small>* If defective, please indicate if you would like a CREDIT or a REPLACEMENT after evaluation is completed.</small> Office Use Only: OR# _____ LN# _____ IN\$ _____ SD# _____ RSF _____ ACCT# _____					
<small>* If defective, please indicate if you would like a CREDIT or a REPLACEMENT after evaluation is completed.</small> Office Use Only: OR# _____ LN# _____ IN\$ _____ SD# _____ RSF _____ ACCT# _____					
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